Form-6 Rev. 11/19/2007

Account #

Number of Employees

Fee

Application for City of Frankfort Business License

Instructions:

- 1. If your business is located inside Franklin County, submit this application along with the \$35.00 Business License Fee
- 2. <u>All out of town Itinerant Businessmen and Contractors</u> please submit this application along with a \$60.00 payment for the Business License Fee and Regulatory License Fee.
- 3. Withhold 1.75% of gross salary per pay period per applicable employee.
- 4. File a Quarterly Return with City of Frankfort Government. (Quarterly returns are mailed to you prior to the end of each quarter.)

Note: Non-Profit organizations are not required to pay the initial \$35, however, the organization must withhold 1.75% withholding tax on applicable employees.

All questions must be answered completely. Please type or print.

Business Name or Applicants Name			Telephone () Facsimile ()		
2. Business Address	S		nile ()		
	Street	City	State	Zip Code	
3. Mailing Address	Street	City	State	Zip Code	
4. Address where work will be perform	ned		ephone ()		
5. Social Security Number		Fe	ederal ID		
6. Drivers License Number of Applica	nt				
7. Type of Business					
8. Date Work is to begin in the City of	Frankfort				
9. Will you have Employees? Yes No		If Yes H	If Yes How Many?		
10. What type of tax year do you operate	e? Calendar (Jan. 1 st -Dec.	.31 st)			
I	Fiscal Year	Give D	Oates	_	
11. Check Ownership Type:	Sole Proprietor	Partnership	Corporation		
	Non Profit	Other			
12. Name of Owners		Phone No ()		
		Phone No ()		
		Phone No ()		
13. If a Corporation, list officers		Phone No ()		
and Titles: (or Partnership)		Phone No ()		
14. Contact Person for Tax Info		Phone No ()		
15				·	
Signature of Applicant		Title	Date		
Make Check Payable To: City of Frank	fort, License Fee Division	Fax No. (502) 8'	75-8502		
	Frankfort License Fee Di ox 697 Fort, KY 40602		questions please call (: Monday – Friday, 8:0		
	FΛD	OFFICIAL USE ONLY			

License # Ent. Type

Fiscal Year End

Date